

MAY 03 2007

PAGE 3/15 * RCVD AT 5/3/2007 9:35:38 PM [Eastern Daylight Time] * SVR:USPTO-EFAXRF-5/0 * DNIS:2738300 * CSID:7037079112 * DURATION (mm:ss):03:58

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 01-592-RCE										
In re Application of ASANO et al.												
Application Number 10/797,081	Filed: 3/11/2004											
For: SEMICONDUCTOR DEVICE AND METHOD OF MANUFACTURING THE SAME												
Group Art Unit 2815	Examiner Landau											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ <u>120.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ <u>450.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ <u>1020.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ <u>1,590.00</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ <u>2160.00</u></td> </tr> </table> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1147</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 150px;">Registration number if acting under 37 CFR 1.34(a). _____</p> <p>Date <u>3 May 2007</u></p> <div style="text-align: right; margin-top: 20px;"> Signature Kerry S. Culpepper (Reg. No. 45,872) Typed or printed name </div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>450.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1020.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1,590.00</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>2160.00</u>
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FEE TRANSMITTAL		Application Number		10/797,081	
		Filing Date		3/11/2004	
		First Named Inventor		ASANO	
		Examiner Name		Landau	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit		2815	
TOTAL AMOUNT OF PAYMENT		(\$)		650	
		Attorney Docket No.		01-592-RCE	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							Fee (\$)
							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							Fee (\$)
							200
Multiple dependent claims							360
Total Claims							180
- 20 or HP =		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
		x			Fee (\$)		Fee Paid (\$)
HP = Highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
6		- 5 or HP = 1	x 200	= 200			
HP = Highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification,		\$130 fee (no small entity discount)		Fees Paid (\$)			
Other: Petition for 2-month extension of time						450	

SUBMITTED BY			
Signature	<i>Kerry S. Culpepper</i>	Registration No. (Attorney/Agent)	45,672
Name (Print/Type)	Kerry S. Culpepper	Telephone	(703) 707-9110
		Date	3 May 2007